

FILED JUL 23 1942

Registration District No. _____

Primary Registration District No. 5-4-214193

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Morrison, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Morrison, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME William G. Benson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Benson 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March 28 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Corn, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business H. S. Boatyards

12. Name William G. Benson

13. Birthplace St. Augustine, Illinois (City, town, or county) (State or foreign country)

14. Maiden name Anna Douglas

15. Birthplace Spring Valley, Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Steath, Koenig

(b) Address Herman, Mo.

17. (a) Burial (b) Date thereof June 27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison, Mo.

18. (a) Signature of funeral director Amel Hummer

(b) Address Morrison, Mo.

19. (a) June 27-42 (b) A. H. Hedder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gasconade
(c) City or town Morrison (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 4:30 minute _____ M.

21. I hereby certify that I attended the deceased from June 20 1942 to June 24 1942
that I last saw him alive on June 23 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Howard Workman (M. D. or other)

Address Herman, Mo. Date signed 25-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1942
SEP 2 1942

can be removed
can be removed

removed, B. B. B. B.

the same
removed, B. B. B. B.

embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chas. H. Pope*

Licensed Embalmer No. 2552

P. O. Address *Monrovia, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.